

Application or Docket Number

~~1008-6-11-2~~

10/086992

CLAIMS AS FILED - PART I

(Column 1)

Column 2:

TOTAL CLAIMS	58		
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	48	MINUS 20-	38
INDEPENDENT CLAIMS	9	MINUS 3-	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>			

• If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

5-4-04

(Column 1)

October 20

Column 2

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		PREVIOUS MEMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	Net	Total	Net	
	70	50	50	50	✓
	9	9	9	9	✓
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

SMALL BITTY
TYPE

**OTHER THAN
OR SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X8-		OR	X8-	
X42-		OR	X84-	
+140-		OR	+280-	
TOTAL		OR	TOTAL	

SMALL ENTITY

OR SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X38=			X318=	
X42=			X284=	
+140=			+280=	
TOTAL	ADDITIONAL FEE		TOTAL	ADDITIONAL FEE

RATE	ALLU TIONA
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	RATE	ADDITION
100%	100%	100%
90%	90%	90%
80%	80%	80%
70%	70%	70%
60%	60%	60%
50%	50%	50%
40%	40%	40%
30%	30%	30%
20%	20%	20%
10%	10%	10%
0%	0%	0%

RATE	TOTAL FEE		RATE	TOTAL FEE
X39=		OR	X318=	
X42=		OR	X34=	
+140=		OR	+280=	
TOTAL ADDL FEE		OR	TOTAL ADDL FEE	

AD-100

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X30=		OR	X318=	400
X42=		OR	X34=	
+140=		OR	+280=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	400

• If the entry in column 1 is less than the entry in column 2, write "U" in column 3.
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2."
• The "Highest Number Previously Paid For" (Total or Independent) is the highest number

Foreign and Domestic Office, U.S. DEPARTMENT OF COMMERCE